



Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:

Casa View Chiropractic Clinic, Inc.
10622 Shiloh Road
Dallas, TX 75228

MFDR Tracking #: M4-08-1656-01

DWC

Injured

Date

Respondent Name and Box #:

ZURICH AMERICAN INSURANCE CO
BOX 19

Employ

Insurance

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

No Position Summary was received.

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - \$500.00
3. CMS 1500s
4. EOBs

Sent

DEC 12 2007

TX DEPARTMENT OF INSURANCE
DIVISION OF WORKERS'
COMPENSATION

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "The carrier has filed two EOB's dated May 15, 2007 and June 28, 2007 wherein the services have been denied on the basis of lack of medical necessity. The carrier's position has not changed."

Principal Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
4-09-07	99456-WP	W9, 854	1, 2	\$500.00
Total Due:				\$500.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

████████████████████
████████████████████
████████████████████
████████████████████
████████████████████
████████████████████

1. These services were denied by the Respondent with reason code "854-Unnecessary Medical Treatment," and "W9-Unnecessary Medical Treatment based on peer review."
2. This is a DWC required exam and not subject to an IRO review, therefore was denied inappropriately. Recommend reimbursement per Rule 134.202 (e)(6)(c)(iii): MMI = \$350.00. IR for one body area = \$150.00. Total is \$500.00.

A Legal and Enforcement referral has been made for inappropriate denial of the Division required exam per Rule 130.2.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section 413.031 and Section 413.0311
28 Texas Administrative Code Sections 130.2, 134.1, 134.202
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$500.00 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER:



Authorized Signature



Medical Fee Dispute Resolution Officer

12-12-07

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

1. The first part of the document is a list of the names of the persons who were present at the meeting.

2. The second part of the document is a list of the names of the persons who were absent from the meeting.